



# CITY OF DUBLIN

## APPLICATION FOR VOLUNTEERS

City of Dublin  
100 Civic Plaza  
Dublin, CA 94568

Application for Volunteer position as:		Dates Available (from-to):	E-mail address:	
Last Name:		First Name:		M.I.
Present Street Address:		City:	State:	Zip Code:
Home Telephone Number: ( )	Work Telephone Number: ( )		Pager or Cell Number: ( )	
<b>Education:</b> <u>Please Circle the Highest Grade Completed</u>		You must be a citizen of the USA or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation prior to placement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Grammar School</u> 1 2 3 4 5 6 7 8	<u>High School</u> 9 10 11 12	<u>College</u> 1 2 3 4	<u>Graduate</u> 1 2 3 4	

I am interested in volunteering to \_\_\_\_\_ for the \_\_\_\_\_ program because:

List any special skills, knowledge, training, certificates, registrations or licenses you may possess or machines/equipment that you can operate which might apply to volunteer assignments: \_\_\_\_\_

Are there any physical conditions we should consider in arranging volunteer assignments for you? ☐ Yes ☐ No

If "yes," please explain: \_\_\_\_\_

How many hours do you wish to volunteer? \_\_\_\_\_ Hours need by this date: \_\_\_\_\_

Is this a requirement for ☐ School Credit ☐ School C.S. ☐ Court C. S. ☐ Other \_\_\_\_\_

Please indicate the days and times you are available:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

### Fingerprint Information

**Please note:** If you are requesting a volunteer or contractor position that will exercise supervisory or disciplinary authority of minors, Section 5164 of the California Public Resources Code requires the City of Dublin inquire whether or not you have ever been convicted of certain crimes. You will need to complete a supplemental questionnaire and submit this with your volunteer application. In addition, State law requires every adult volunteer to be fingerprinted prior to that person beginning service if that person will have direct contact with minors.

Would you be willing to submit fingerprints to the City of Dublin for a confidential background check? ☐ YES ☐ NO

Do you have a State of CA driver's license? ☐ Yes ☐ No DL# \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ Place of Birth \_\_\_\_\_

Have you ever been convicted of a felony? Yes ☐ No ☐

Has your driver's license ever been suspended or revoked? Yes ☐ No ☐

**If you answered Yes to the above questions you must show dates, City and State, charges and penalties on a separate sheet of paper.**

Have you ever been fired or forced to resign from previous volunteer appointment or employment? Yes ☐ No ☐

**If Yes, please explain on a separate piece of paper.**

If you have any relatives working for the City of Dublin, list name and relationship: \_\_\_\_\_

Please tell us about any work experience you may in your field of volunteer interests (experience with children, teenagers, seniors, coaching teams, etc.):

What other commitments such as summer school, work, sports practices, or vacations do you have planned that will interfere with your volunteer time commitment? \_\_\_\_\_

### **Contact in Case of Emergency**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **References -Please list two references, personal or professional, who have known you for at least a year:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### **Volunteer Coaches Only!**

If you wish to coach, which sport do you wish to coach? \_\_\_\_\_

Which grade? ☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ 7-8 ☐ 9-10

Which do you prefer to coach? ☐ BOYS ☐ GIRLS ☐ EITHER ☐ MY SON/DAUGHTER

If you want to coach your son and/or daughter's team, please list their names:

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

Do you have any coaching certifications? ☐ Yes ☐ No If yes, please list the certification and the date it will expire:

CERTIFICATION: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CERTIFICATION: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Please explain your youth sports philosophy: \_\_\_\_\_

The information contained on this application is correct to the best of my knowledge. I understand that falsification; omission or misstatement of information may result in refusal to assign me a volunteer position or dismissal from that position. Further, I understand that, if accepted as a volunteer, I will be required to comply with all rules, regulations, and policies of the City of Dublin.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_